

Form 210A (10/06)

# United States Bankruptcy Court

SOUTHERN District Of NEW YORK

In re LEHMAN BROTHERS HOLDINGS,

Case No. 08-13555 (JMP)

## TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

VONWIN CAPITAL MANAGEMENT, LP  
Name of Transferee

Butterfield Trust (Bermuda)  
Limited, as Trustee on Behalf of  
HFR EM Advantage Master Trust  
Name of Transferor

Name and Address where notices to transferee  
should be sent:  
261 FIFTH AVENUE, 22ND FLOOR  
NEW YORK, NY 10016

Court Claim # (if known): 18035  
Amount of Claim: \$738,702.27  
Date Claim Filed: September 18, 2009

Phone: 212-889-1601  
Last Four Digits of Acct #: \_\_\_\_\_

Phone: \_\_\_\_\_  
Last Four Digits of Acct #: \_\_\_\_\_

Name and Address where transferee payments  
should be sent (if different from above):

Phone: \_\_\_\_\_  
Last Four Digits of Acct #: \_\_\_\_\_

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Roger von Spiegel  
Transferee/Transferee's Agent

Date: June 23, 2011

*Penalty for making a false statement:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

Case No. 08-13555

Ch-11 Lehman Brothers Holdings Inc.

Chapter 11

Debtor

**NOTICE OF TRANSFER OF CLAIM  
PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that any and all claims of Butterfield Trust (Bermuda) Limited, as Trustee on Behalf of HFR EM Advantage Master Trust ("Assignor") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim against the Debtor(s), including but not limited to the following:

Proof of Claim Amount	Proof of Claim No.
\$738,702.27	18035

have been transferred and assigned to VonWin Capital Management, L.P. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

ASSIGNEE: VonWin Capital Management, L.P.  
261 Fifth Avenue, 22<sup>nd</sup> Floor  
New York, NY 10016



Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Roger Von Spiegel  
Managing Director**

ALISON DYER-FAGUNDO  
NOTARY PUBLIC  
CANON'S COURT  
22 VICTORIA STREET  
HAMILTON, HM 12  
BERMUDA

ASSIGNOR: Butterfield Trust (Bermuda)  
Limited, as Trustee on Behalf of  
HFR EM Advantage Master Trust  
c/o HFR Asset Management, LLC  
10 South Riverside Plaza, Suite 700  
Chicago, IL 60606  
Attn: John M. Klimek

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

  
Grant Souse  
Authorized Signatory for  
Butterfield Trust (Bermuda) Limited  
June 17, 2011  
  
Wendy Tucker-Adams  
Authorized Signature for  
Butterfield Trust (Bermuda) Limited  
June 17, 2011

*Signed this 17 June 2011  
in front of me Alison Dyer-  
Fagundo, a notary public  
AL Dyer-Fagundo*


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## Search Claims

Criteria

Claim Number

18035

Creditor Name

Name Starts With



Scope

Claims and Schedules



Schedule Number

Amount

Total Claim Value



Docket Number

Claim Date Range



to



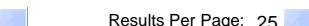
Debtor



Order By: Creditor Name



Results Per Page: 25


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Results

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[1] Page 1 of 1 - 01 total items				
Claim #	Schedule #	Creditor Name	Date	Total Claim Value
<input checked="" type="checkbox"/> 18035		BUTTERFIELD TRUST (BERMUDA) LIMITED, AS TRUSTEE ON BEHALF OF HFR EM ADVANTAGE MASTER TRUST C/O HFR ASSET MANAGEMENT, LLC ATTN: JOHN M. KLIMEK 10 SOUTH RIVERSIDE PLAZA, SUITE 700 CHICAGO, IL 60606	9/18/2009 Claimed Unsecured:	\$738,702.27 <a href="#">Image</a>

Debtor: 08-13555 Lehman Brothers Holdings Inc.

[1] Page 1 of 1 - 01 total items

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United States Bankruptcy Court/Southern District of New York  
 Lehman Brothers Holdings Claims Processing Center  
 c/o Epiq Bankruptcy Solutions, LLC  
 FDR Station, P.O. Box 5076  
 New York, NY 10150-5076

## PROOF OF CLAIM

Filed: USBC - Southern District of New York  
 Lehman Brothers Holdings Inc., Et Al.  
 08-13555 (JMP) 0000018035



In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held Lehman Brothers Holdings Inc.	Case No. of Debtor 08-13555(JMP)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Butterfield Trust (Bermuda) Limited, as Trustee on Behalf of HFR EM Advantage Master Trust  
c/o HFR Asset Management, LLC  
10 South Riverside Plaza, Suite 700  
Chicago, Illinois 60606  
Attn: John M. Klimek

Telephone number: (312) 327-0430

Email Address:

Name and address where payment should be sent (if different from above)

Telephone number:

Email Address:

**1. Amount of Claim as of Date Case Filed: \$ 738,702.27**

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is unsecured, do not complete item 4.

If all or part of your claim is secured, complete Item 4.

Check this box if a

Check this box if a

**\*IF YOUR CLAIM IS**

**OR A GUARANTEE**

**FOLLOW THE DIRE**

**SUPPORTING DOCU**

Check this box if c

itemized statement of im

http://www.lehman-claim

**2. Basis for Claim: Claimant's collateral**

(See instruction #2)

**3. Last four digits of**

**3a. Debtor may ha**

(See instruc

**4. Secured Claim (Se**

Check the appropriate information.

Nature of property c

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

**Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_**

**6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ \_\_\_\_\_**

(See instruction #6 on reverse side.)

**7. Credits:** The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

**8. Documents:** Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain:

Date:	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
	Butterfield Trust (Bermuda) Limited, as Trustee on Behalf of HFR EM Advantage Master Trust <i>Ronald Schmalz</i> <i>Wendy Parker-Adams</i> <i>MCACW</i>

## THIS SPACE IS FOR COURT USE ONLY

Check this box to indicate that this claim amends a previously filed claim.

**Court Claim Number:** \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

**5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount entitled to priority:**

Amount entitled to priority:

Priority obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Salaries or commissions (up to \$ 1,000 per day) earned within 180 days before filing bankruptcy petition or cessation of the business, whichever is earlier - 11 U.S.C. § 507(a)(4).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

2,425 of deposits toward purchase, rental of property or services for family, or household use - 11 U.S.C. § 507(a)(6).

Penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

Amount entitled to priority:

\$ \_\_\_\_\_

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